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	S S	Yes	child because	ssactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, tran irst consulted v	ets, "unearne ss you have t	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	the EX
	S S	Yes	closed. Have you	d certain other "excepted trusts" need not be discild?	e on Ethics and dependent ch	the Committe our spouse, or	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ex I
V	N _o	Yes			ublic Offering?	of an Initial P	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	PO
1	8	UESTIONS	FTHESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	
	the)nse.	wered and 'Yes" respo	nust be anso	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No C	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	# iiab
<u>. </u>	S ₈	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No 🔲	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	\$1,00° E
		Seg.	r before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	8 □	Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	incc repo
<u>.</u>	§	Yes	receive any the reporting)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	8 □	68	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	∓rep = =
	S _S	Yes	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	8 	S _o	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	# fee D
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	ssessed	ly shall be a	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	9	Status Member of the U.S. State: 0 H 19 Status House of Representatives District: 19	4.5
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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$6,000 \$9,000 \$1,000 NA
OPERS	persion from State	60,000
University Hospital	Spouse Salony	N/A
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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

								N/A	Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source
									Article	Speech	Activity
									Aug. 13, 2012	Feb. 2, 2012	Date
	1	9 9							\$500	\$2,000	Amount

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┝╌	 		+ -	-	1-	╁			Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	ror all HAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	identify (a) sect asset fred for investment of production of income with a fair market value exceeding \$1,000 at the eporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.		. !	SCHEDULE III-
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Name

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) Θ SP, ≒ 8 L'SMANGY W (Spowtre Visooutnee Touch Shows ballous Cap brown BANCLUYS Asset and/or income Source I Show wole How I would are SHAM Mr. July Bre IP Mougain Alexyaw Index m I me SUP OF US Figary & C+zer aus a aus JOYCE IPA section 1. W. W. Y. econ Australia BLOCK A rather proper 7200A 270 Draw th Mari FAFE writedson 61040 work piv FARM MKF mom Multi Section ۶ luck week N33 Trowsface R.W. BDA 2000 MLH Nuex ➣ None σ \$1 - \$1,000 റ \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B П \$100,00<u>1</u> - \$250,000 മ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 حـ \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** RENT of Income BLOCK C Type INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Name TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200= Amount of Income \$201 - \$1,000 = 7 \$1,001 - \$2,500 < \$2,501 - \$5,000 BLOCK D \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC income over \$1,000,000* Transaction BLOCK E

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) 6 d S ≒ Ŋ SP, SYDA SEP ETES 00 100 x لعسدال ١٠١٧ Asset and/or Income Source PUTINTUA 15hows Fidelity アダダメ Mouth BANdays Lossel 10 morand mssm BLOCK A Flouting Fidelick S MUD Cap ruecetous HONE THEY G FFIT NOTE 6 DOTE oraw th CASC 2030 None w \$1 -- \$1,000 O \$1,001 - \$15,000 O \$15,001 -- \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 G \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** RENT of Income BLOCK C Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name TAX-DEFERRED المهدين والمها Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None = \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 ⋝ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × × Over \$5,000,000 ≚ Spouse/DC income over \$1,000,000* **Fransaction** BLOCK E

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SCHEDULE IV— TRANSACTIONS

Name

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in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "par-SP, DC, JT **Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted tial sale"). See example below. This column is for assets solely held by your spouse or dependent child Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or (MO/DAY/YR) Bi-weekly, if F applicable Date 12-12 \$1,001-\$15,000 > \$15,001-Ø × \$50,000 \$50,001-O \$100,000 Amount of Transaction \$100,001- \Box \$250,000 \$250,001-Ш \$500,000 \$500,001-П \$1,000,000 \$1,000,001-Ω \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over _ \$50,000,000 Over \$1,000,000* ㅈ (Spouse/DC Asset)

SCHEDULE V— LIABILITIES

Name Page ____of__

residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

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					SP, DC, JT
	FIRTH Thind BANK		Pauk View Springs	Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred Mo/Year
Veno Seach H	M/4 on 2434 18th Are	St. Nouch of	Montgage on 9652 Music	Mortgage on 123 Main St., Dover, DE	Type of Liability
					\$10,001- \$15,000
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	+				Spouse/DC Liability

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	_		_	_	_
		N/A	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	
			N/A	Silver Platter (determination on personal friendship received from Committee on Ethics)	Silver Platter (determination on personal friendship received from Committee on Ethics)

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)		Number of days <u>not</u> at sponsor's expense
Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Aug. 6–11	DC—Los Angeles—Cleveland	Y	Υ	~	2 Days
				:	
				,	
	Mar. 2 Aug. 6–11		City of Departure—Destination—City of Return DC—Chicago—DC DC—Los Angeles—Cleveland	City of Departure—Destination— (Y/N) DC—Chicago—DC N DC—Los Angeles—Cleveland Y	City of Departure—Destination— City of Return DC—Chicago—DC DC—Chicago—DC N N N N N V Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

Pura	Partner	Parha	Delector	Director	Position
Healthy Foods UCC	Mid Con le ly	Keepen by the talls	mekel	Coency County Blue Conts Inc. (uncompensated)	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

		JAW 1980	Date
		Myself and OPERS	Parties To
		Pension ANNUITY for SERVICE in Sufe of Ohio	Terms of Agreement